

Whereas Medicaid provides a care coordination benefit that supports at-risk children by coordinating State health services, thereby furthering the ability of States to effectively coordinate medical and social services that are provided by multiple organizations and agencies;

Whereas administrative spending is lower in Medicaid than through private insurance;

Whereas Medicaid is critical for ensuring that children have access to safety-net providers in their local communities and for training health care professionals, including pediatricians; and

Whereas Medicaid provides low-income children with the full complement of services they need to meet their unique health and developmental needs: Now, therefore, be it

*Resolved*, That it is the sense of the Senate that—

(1) Congress should ensure that reform of our Nation's health care system shall benefit all children and that no child shall be worse off, particularly the most vulnerable low-income children and children with disabilities; and

(2) strengthening our Nation's Medicaid program should be a priority and that low-income children should not be moved into a health care exchange system that could disrupt and diminish their benefits, cost-sharing protections, availability of care standards and protections, and access to supports, services, and safety-net providers.

Mr. CASEY. S. Res. 170 is cosponsored by Senators DODD, ROCKEFELLER, BROWN, WHITEHOUSE, and SANDERS. I will highlight some of the features of it.

First, it starts with a recognition that the Medicaid Program is a cornerstone of the Nation's health insurance infrastructure. It notes in the resolution that Medicaid covers a quarter of all children in the country—one-quarter—and half of all poor children. It notes as well that Medicaid has been shown to reduce racial and ethnic disparities in health care and provides coverage for two out of every five African-American and Hispanic children.

Medicaid is a comprehensive benefit package. It provides developmental assessments for infants and young children. It has care coordination benefits in support of at-risk children, and Medicaid's administrative spending is lower than that through private insurance.

Here is the end of the resolution, and I am summarizing here: It is the intent of this resolution to say that the Nation's health care system shall benefit all children—all children—and that no child shall be worse off at the end of this debate. Low-income children should not be moved into a health care exchange system that could disrupt and diminish their benefits. That is S. Res. 170.

I believe it is critically important to emphasize this idea, that no child should be worse off as a result of health care reform—not a single child—and in particular, those who have special needs or who happen to be poor.

We know from our research that children are not small adults. They have different challenges. They have developmental and health care needs that are very different from adults. The

challenges they have, the problems they encounter can be exacerbated if children face economic challenges or have any kind of special needs. These needs must be met, and if they are not met, the whole trajectory for the future of that child will be changed for the worse.

Let me say in conclusion, we have seen throughout our history that there are some people who cannot do something on their own, that they need the help of a program, they need the help of a government, and thank goodness we made the determination a long time ago that our health care system is part of that equation. When I think about health care and when we think about the health care of children, no matter what income level their family happens to be in, but especially if they are poor or have special needs, and you think of the love of a mother, with the kind of love that a mother provides to a child, there are so many things that one mother can provide for her child. She can help with that child's education. She can provide nurturing and care and love to make sure that child develops in the way we would hope. She can even help somewhat in that child's health care. But no matter how much a mother loves her child, no matter how skilled she is, no matter how dedicated she is to the welfare of her child, and no matter how much she loves that child, she cannot—cannot—provide the kind of protections that health insurance provides and the kind of medical attention that a good hospital or a good doctor or a good health care professional can provide.

So we have a choice. We can have health reform legislation, and everyone will pat each other on the back and we will all be happy we got it done. That would be wonderful. But if we get this bill passed and we have fallen short with regard to our children, especially those who are poor and have special needs, I think we will have failed not only those children, of course, but we will have failed the obligation we have to make sure that every child comes through this with the kind of protections and the kind of help they should have a right to expect, and that that mother can have a sense that this country, this government has made a full commitment—not a partial commitment but a full commitment—to children.

Let us, as we go forward, remember the love that a mother has for her child and the limitations—no matter how much that mother loves that child and what she is able to do—that we must help her with in this debate. Let us not forget, and let us make sure that the legislation we pass on health care reform has as one of its ironclad promises: no child worse off.

Mr. President, I yield the floor and would note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. DODD. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DODD. Mr. President, what is the business before the Senate?

#### CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

#### FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 1256, which the clerk will report.

The bill clerk read as follows:

A bill (H.R. 1256) to protect the public health by providing the Food and Drug Administration with certain authority to regulate tobacco products, to amend title 5, United States Code, to make certain modifications in the Thrift Savings Plan, the Civil Service Retirement System, and the Federal Employees' Retirement System, and for other purposes.

The PRESIDING OFFICER. Under the previous order, the time until 2:30 p.m. will be equally divided and controlled between the Senator from Connecticut, Mr. DODD, and the Senator from Wyoming, Mr. ENZI, or their designees.

Mr. DODD. Mr. President, I see my friend from Ohio, Senator BROWN, who has been a champion of this issue, not only as a Member of this body but as a former Member of the other body. He has spoken eloquently on this already. I will defer to him whatever time he may wish to use. I am told Senator ENZI will be here shortly. We will go back and forth between now and 2:30.

The PRESIDING OFFICER. The Senator from Ohio is recognized.

Mr. BROWN. I thank the Senator.

Mr. President, I have watched with great admiration Senator DODD's work on this bill. I also worked on this bill with HENRY WAXMAN in the House of Representatives. Senators KENNEDY, DODD, DURBIN, and Congressman WAXMAN have helped to bring these issues forward, and they have never given up.

I boil this issue down to basically almost one sentence. I remember sitting in front of the Health Subcommittee in the House years ago and seeing the tobacco company executives swear to tell the truth, and they didn't exactly tell the truth when they talked about nicotine not being an addiction. I learned one simple concept at that hearing—and we have known this for a number of years—which is that 400,000 Americans die every year from tobacco-related illnesses. On average, that means more than 1,000 Americans die every day from tobacco-related illnesses.

If you are a tobacco executive, you think about this: You have lost 400,000 customers every year, more than a thousand customers every day, and you